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### Sample Affidavit of Income Letter

*Applicant's Name*  
*Address*  
*City, State, Zip*  
*Phone Number*

*Today's Date*

*Healthy Families/Medi-Cal for Families*  
*P.O. Box 138005*  
*Sacramento, CA 95813-8005*

*Dear Healthy Families and Medi-Cal for Families,*

*I am providing this affidavit to verify my income as I have no other income documentation available to me.*

*I receive \$\_\_\_\_\_ (gross amount), and the frequency of pay is [weekly, every two weeks, twice a month, or monthly]. I last received this amount on \_\_\_\_\_.*

*I understand that this information is subject to verification by the State of California. I certify that the information presented in this letter is true and correct to the best of my knowledge and belief.*

*Sincerely,*

\_\_\_\_\_  
*Signature of person receiving income*

***\* This document must be hand written by the applicant. If the applicant cannot hand write, they must put their mark "X" and include a printed name and signature of a witness.***

HF Sample Self Affidavit of Income Letter EN 08/01/2007

**Note:** The income reported on the Affidavit must be for a period within 45 days of the date the application is received at the Single Point of Entry.